

UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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•	0	MB APPRO	OVAL				
	OMB N	umber:					
	Expires:						
	Estimated average burden						
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	SEC USE ONLY						
	Prefix		Serial				
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Filing Under (Check box(es) that apply):	· · · · · · · · · · · · · · · · · · ·	ment and name has changed, and indicate change.)	
A. BASIC IDENTIFICATION DATA	Series B Preferred Stock		
A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Clack if this is an amendment and name has changed, and indicate change. O2039053	Filing Under (Check box(es) that apply):	🛘 Rule 504 🗖 Rule 505 🖾 Rule 506 🗖 Secti	on 4(6) <u>I LILOE</u>
Enter the information requested about the issuer Name of Issuer Check if this is an amendment and name has changed, and indicate change. O2039053	Type of Filing: New Filing Amendme	nt .	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Crosslayer Networks, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) 42840 Christy Street, Suite C205, Fremont, CA 94538 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Cropper of Business Organization Cropper of Business Organization Cropper of Business trust Actual or Estimated Date of Incorporation or Organization: U.S. Postal Service abbreviation for State: D E Telephone Number (including Area Code) (510) 226-1680 Telephone Number (including Area Code) (10) 226-1680 Telephone Number (including Area Code) (10) 226-1680 Telephone Number (including Area Code) (10) 226-1680 Telephone Number (including Area Code) (11) 2 2002 Telephone Number (including Area Code) (12) 226-1680 Telephone Number (including Area Code) (13) 226-1680 Telephone Number (including Area Code) (14) 22002 Telephone Number (including Area Code) (15) 226-1680 Telephone Number (including Area Code) (16) 226-1680 Telephone Number (i		A. BASIC IDENTIFICATION DATA	
Address of Executive Offices (Number and Street, City, State, Zip Code) 42840 Christy Street, Suite C205, Fremont, CA 94538 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business Oevelopment of communications network products and components Type of Business Organization Corporation Imited partnership, already formed business trust Month Year Actual or Estimated Date of Incorporation or Organization: U.S. Postal Service abbreviation for State:	1. Enter the information requested about the issuer		
Address of Executive Offices (Number and Street, City, State, Zip Code) 42840 Christy Street, Suite C205, Fremont, CA 94538 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business Oevelopment of communications network products and components Type of Business Organization Corporation Imited partnership, already formed business trust Month Year Actual or Estimated Date of Incorporation or Organization: U.S. Postal Service abbreviation for State: Telephone Number (including Area Code) Telephone	Name of Issuer (check if this is an amendment	ent and name has changed, and indicate change.)	(1.10) (1.11) (2.11) (2.11) (1.11) (1.11) (1.11)
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Composition of Business Composition	42840 Christy Street, Suite C205, Fremont, CA	94538	(510) 226-1680
Pevelopment of communications network products and components Type of Business Organization Corporation Dimited partnership, already formed Dusiness trust Month Year Actual or Estimated Date of Incorporation or Organization: U.S. Postal Service abbreviation for State: D E UN 1 2 2002 Other (please specific MSON) FINANCIAL Actual Dimited partnership, to be formed U.S. Postal Service abbreviation for State:	Address of Principal Business Operations (Num	ber and Street, City, State, Zip Code)	Telephone Number (including Area Code)
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Corporation	•		
Actual or Estimated Date of Incorporation or Organization: U.S. Postal Service abbreviation for State: Imited partnership, to be formed Month Year	Type of Business Organization		0011 1 2 2002
Actual or Estimated Date of Incorporation or Organization: U.S. Postal Service abbreviation for State: Imited partnership, to be formed Month Year		limited partnership, already formed	other (please specific) MSON
Actual or Estimated Date of Incorporation or Organization: 1 0 0	☐ business trust	☐ limited partnership, to be formed	FINANCIAL
urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:		Month Year	WY HOIAL
U.S. Postal Service abbreviation for State:	Actual or Estimated Date of Incorporation or Orga	nization: 1 0 0 0	✓ Actual ☐ Estimated
U.S. Postal Service abbreviation for State:	Jurisdiction of Incorporation or Organization: (Ent	ter two-letter	
CN for Canada: FN for other foreign jurisdiction)	U.	S. Postal Service abbreviation for State:	
or to a direction of the formal states of the first of th	· Cì	N for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Hi

A. BASIC IDENTIFICATION DATA	_
2. Enter the information requested for the following:	
• Each promoter of the issuer, if the issuer has been organized within the past five years; • Each peneficial owner having the power to yote or dispose or direct the yote or disposition of 10% or more of a class of equity securities.	
Each beneficial owner having the power to vote of dispose, of direct the vote of disposition of, 1070 of more of a class of equity security	5 C
 the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 	
• Each general and managing partner of partnership issuers.	
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: ☐Promoter ☑ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner	_
Esmaeili, Ahmad	
Full Name (Last name first, if individual)	
42840 Christy Street, Suite C205, Fremont, CA 94538	
Business or Residence Address (Number and Street, City, State, Zip Code)	-
Dustices of Residence Address (Natifice and Street, Oily, State, 21p Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	_
Ranganath, V.R.	
Full Name (Last name first, if individual)	_
Alliance Venture Management, LLC, 2575 Augustine Drive, Santa Clara, California 95054 Business or Residence Address (Number and Street, City, State, Zip Code)	-
business of Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	_
Reddy, C.N.	
Full Name (Last name first, if individual)	-
Alliance Venture Management, LLC, 2575 Augustine Drive, Santa Clara, California 95054	_
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: □Promoter ☑ Beneficial Owner ☑ Executive Officer □Director □ General and/or Managing Partner	
Tagan Blak	
Full Name (Last name first, if individual)	_
run Name (Last name mst, it murviduar)	
42840 Christy Street, Suite C205, Fremont, CA 94538	_
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: □Promoter □ Beneficial Owner ☑ Executive Officer □Director □ General and/or Managing Partner	
Eshghi, Kamyar	
Full Name (Last name first, if individual)	-
42840 Christy Street, Suite C205, Fremont, CA 94538	_
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: ☐Promoter	_
Alliance Ventures IV, LP	
Full Name (Last name first, if individual)	-
2575 Augustine Drive, Santa Clara, California 95054	_
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: □Promoter Beneficial Owner □Executive Officer □Director □ General and/or Managing Partner	—

					В.	INFORM	ATION A	BOUT OF	FERING					
1. Has t	he issue	r sold, or d	oes the iss	suer intend	l to sell, to	non-accr	edited inv	estors in t	his offerin	g?			Yes	No ⊠
		ŕ				·	ppendix,			-				
2. What	t is the m	inimum ir	vestment	that will b					-				\$	N/A
					•	·							Yes	No
3. Does	the offe	ring permi	t joint ow	nership of	a single u	nit?				•••••	•••••			X
remuner agent of	ation for a broker	solicitatio	n of purch registered	nasers in c with the S	onnection SEC and/o	with sales r with a st	of securit	ties in the es, list the	offering. name of t	If a persor he broker	n to be list or dealer.	commission of ed is an assoc If more than ler only.	iated p	erson or
Full Nar	ne (Last	name first	t, if indivi	dual)	-									
NONE Business	or Resi	dence Add	ress (Nur	mber and S	Street, City	y, State, Z	ip Code)			_			 	
Name of	Associa	ted Broker	r or Deale		· <u></u> .	<u>-</u>			<u></u>				-	
States in	Which I	Person Lis	ted Has So	olicited or	Intends to	Solicit P	urchasers							
(Chec	k "All S	tates" or cl	neck indiv	idual State	es)			••••••		••••••				1 States
_	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Nan	ne (Last	name first	, if individ	dual)										
Business	or Resid	dence Add	ress (Nur	nber and S	Street, City	, State, Zi	p Code)		- 					
Name of	Associa	ted Broker	or Dealer											
States in	Which I	Person List	ted Has So	olicited or	Intends to	Solicit Pu	ırchasers							
					•									1 States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
[MT] [RI]		[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
Full Nan	ne (Last	name first	, if individ	dual)									_	
Business	or Resid	dence Add	ress (Nun	nber and S	treet, City	, State, Zi	p Code)							
Name of	Associa	ted Broker	or Dealer		. .			<u>-</u> -						
States in	Which I	Person List	ted Has So	olicited or	Intends to	Solicit Pu	ırchasers	<u></u>						
		ates" or ch							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				□ Al	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Ţ,			
	Type of Security	Ag Pri	gregate Offering ce	Am Sole	ount Already i
	Debt	\$	-0-	\$	-0-
	Equity	<u>\$</u>	5,000,000	\$	2,450,084
	□ Common ☑ Preferred				
	Convertible Securities (including warrants)	<u>\$</u>		<u>\$</u>	-0-
	Partnership Interests	<u>\$</u>	-0-	<u>\$</u>	-0-
	Other (Specify)	<u>\$</u>	-0-	<u>\$</u>	-0-
	Total	\$	5,000,000	\$	2,450,084
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in t offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	he			
		١	Number Investors		regate Dollar ount of Purchase
	Accredited Investors		7	\$	2,450,084
	Non-accredited Investors		-0	\$	<u>-0-</u>
	Total (for filings under Rule 504 only)				
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all sec sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		es		
	Type of Offering	Туј	pe of Security	Dol	lar Amount Solo
	Rule 505			\$	
	Regulation A			\$	
	Rule 504			\$	
	Total			\$	
4.a.	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			X	\$ -0-
	Printing and Engraving Costs			. X	\$ -0-
	Legal Fees			. X	50,000
	Accounting Fees			. 🗵 <u>\$</u>	-0-
	Engineering Fees			. 🗵	\$ -0-
	Sales Commissions (specify finders' fees separately)			. 🗵	\$0
	Other Expenses (identify)			. 🗵	\$ -O-

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE	CE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCE	EEDS
	and total expenses furnished in response to	ate offering price given in response to Part C - Ques Part C - Question 4.a. This difference is the		\$ <u>4,950,000</u>
5.	Indicate below the amount of the adjusted gused for each of the purposes shown. If the estimate and check the box to the left of the equal the adjusted gross proceeds to the iss			
	Salarias and fees		Payments to Officers, Directors, & Affiliates	Payments to Others
				,
		Control of the state of the sta	□ <u>\$</u>	□ <u>\$</u> <u>v√s 100,000</u>
	_	tion of machinery and equipment	<u>\$</u>	¥\$ 360,000 ■ 360,000
	• •	ngs and facilities	□ <u>\$</u>	
		ling the value of securities involved in this offering seets or securities of another issuer pursuant to a	□ <u>\$</u>	□ <u>\$</u>
	Repayment of indebtedness		□ <u>\$</u>	☑ <u>\$</u>
	Working capital	······································	□ <u>\$</u>	<u>vs 590,000</u>
	Other (specify):		□ \$	\$
		٨٠. ٢.	<u>\$ 250,000</u>	⊠ \$ <u>4,700,000</u> 150,000
	Total Payments Listed (column totals a	added)	<u>را (۱۲) (۱۲) (۱۲) (۱۲) (۱۲) (۱۲) (۱۲) (۱۲) (۱۲) (۱۲) (۱۲) (۱۲) (۱۲) (۱۲) (۱۲) (</u>	100,000
		D. FEDERAL SIGNATURE		
ign	ature constitutes an undertaking by the issue	ed by the undersigned duly authorized person. If thir to furnish to the U.S. Securities and Exchange Cor accredited investor pursuant to paragraph (b)(2) of Ru	nmission, upon w	
	er (Print or Type)	Signature	Date	
	sslayer Networks, Inc.	Mult Invest	May $\frac{22}{2}$, 2002	
	e of Signer (Print or Type)	Title of Signer (Print or Type)		
\hn	ad Esmaeili	Chief Executive Officer, President		

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)